

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 8341 Beechcraft Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5793.81 </div>	
City Gaithersburg	State MD	Zip Code 20879-1509	Transaction ID : 58466023 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 02 / 26 / 2014 </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Alex Sink		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-General2014	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 8341 Beechcraft Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5793.82 </div>	
City Gaithersburg	State MD	Zip Code 20879-1509	Transaction ID : 58466024 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 02 / 26 / 2014 </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate David Jolly		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-General2014	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11587.63</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 8341 Beechcraft Avenue		Amount 973.26	
City Gaithersburg	State MD	Zip Code 20879-1509	Transaction ID : 58466030
Purpose of Expenditure Postcards	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014	
Name of Federal Candidate Alex Sink		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-General2014	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 8341 Beechcraft Avenue		Amount 973.26	
City Gaithersburg	State MD	Zip Code 20879-1509	Transaction ID : 58466031
Purpose of Expenditure Postcards	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014	
Name of Federal Candidate David Jolly		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Special-General2014	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1946.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	13534.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY
02 / 26 / 2014

Signature